

Burn Rehab Definitions Framework Self-Assessment Survey – Inpatient Rehab

INTRODUCTION:

In response to a changing rehab landscape in which rehabilitation is offered in many different settings with variations in service scope, the GTA Rehab Network has recognized the need to clearly articulate the essential components of publicly-funded rehabilitation and to develop definitions for burn and other population-specific rehab services. These rehab frameworks identify key features of rehab programs based on evidence-based practices where available to define the “gold standard” of rehab care. In the absence of literature, definitions have been derived through consensus on current clinical practices.

The overall intent of the Burn Rehab Definitions Framework is to:

- Define and promote consistency in burn rehab across different care settings
- Increase clarity for patients, families and referrers through the use of consistent terminology
- Establish a standard of care to enable targeted discussions regarding system planning, resourcing of services and performance measurement in rehab to ensure the availability of quality rehabilitation interventions across settings.

The Burn Rehab Definitions Framework is attached for your reference.

ACTION REQUESTED:

As part of this initiative, we are asking your clinical team to complete the **Inpatient Rehab** self-assessment survey for burn rehab.

PURPOSE OF THE SELF-ASSESSMENT SURVEYS:

The GTA Rehab Network has developed self-assessment surveys that organizations can use to evaluate the capacity of their burn rehab services/programs to meet the definitions in the Burn Rehab Definitions Framework. The self-assessment surveys also provide a mechanism through which organizations can:

- Identify opportunities for quality improvement initiatives
- Improve the delivery of burn rehab services
- Enhance advocacy for resources to promote consistency and equitable access to burn rehab services.

INSTRUCTIONS:

- Please use the following self-assessment survey to rate the burn rehab services offered by your organization to patients *admitted within the past 6 months*.
- There is 1 assessment survey included in the package to be used by burn rehab units in acute care and community hospitals.
- To determine if this self-assessment survey is relevant to your program, please refer to the Burn Rehab Definitions Framework (attached) to help you.
- The rating scale is based on the following guidelines (**NB: Check only one rating for each standard!!**)

Fully Met

Standard is met 80% of the time

Partially Met

Standard is met 40-79% of the time

Not Met

Standard is met < 40% of the time

- If the standard is not fully met, please explain the reasons that account for difficulties in meeting the standard fully.

Thank you for taking the time to complete the Inpatient Rehab Self Assessment Survey for Burn Rehab

INPATIENT MIXED OR DEDICATED POPULATION INTERPROFESSIONAL REHAB TEAM IN REHAB OR COMMUNITY HOSPITALS - SELF ASSESSMENT TOOL

Name of Organization: _____ Name of Service/Program: _____
 Primary Contact (name/telephone): _____

Definition			<u>Rating</u>	<u>Rating</u>	<u>Rating</u>	If standard not fully met, provide explanation.
	Yes	No	Fully met (80% of time) (✓)	Partially met (40 – 79% of time) (✓)	Not met (< 40% of time) (✓)	
<ul style="list-style-type: none"> An interdisciplinary team provides rehab. 						
<ul style="list-style-type: none"> Core team¹ includes: 						
Child Life Specialist (<i>peds only</i>)	Yes	No	N/A			
Clinical Dietitian	Yes	No				
Discharge Planner (may be filled by one or more core team members)	Yes	No				
Nurse	Yes	No				
Occupational Therapist	Yes	No				
Physician	Yes	No				
Physiotherapist	Yes	No				
Psychosocial services specialized in burn rehab (e.g. through psychologist, social worker, psychiatrist, trained nursing staff)	Yes	No				
Social Worker	Yes	No				
<ul style="list-style-type: none"> Consultation is available from: 						
Chaplain/Pastoral care provider	Yes	No				
Child and Youth Worker (<i>peds only</i>)	Yes	No	N/A			
Massage Therapist	Yes	No				
Orthotist	Yes	No				
Pain Service	Yes	No				
Pharmacist	Yes	No				
Pressure Therapy Consultant (within the team or external)	Yes	No				
Prosthetist	Yes	No				
Psychiatrist	Yes	No				
Speech Language Pathologist	Yes	No				
Therapeutic Recreationist	Yes	No				
Trained/Screened Peer Visitor	Yes	No				

¹ Core team refers to the team members who are essential, actively involved in the assessment and treatment (if required) of Burn rehab patients on the unit and who participate regularly in team rounds.

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Definition		Rating Fully met (80% of time) (✓)	Rating Partially met (40 – 79% of time) (✓)	Rating Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.
Services Provided (cont.)	Vocational Counsellor (<i>adults only</i>)	Yes	No	N/A	
	<ul style="list-style-type: none"> An intensive rehab program is provided with at least 2 therapy sessions per day 				
	<ul style="list-style-type: none"> Intensity of therapy changes based on the changing needs of the patient, with consideration for location and extensiveness of the burn and risk of contracture 				
	<ul style="list-style-type: none"> Scar and contracture management is supported through all activities and by all team members 				
	<ul style="list-style-type: none"> Scar and contracture management is supported by all team members, including the patient and family, 24 hours/day, 7 days/week 				
	<ul style="list-style-type: none"> There is no more than 24 hours between therapy sessions. 				
	<ul style="list-style-type: none"> At a minimum, staffing ratios on the unit support amount of daily therapy recommended. 				
	<ul style="list-style-type: none"> Services may be supplemented by OTA/PTA/CDA/PSW under the direct supervision of respective health care professionals (e.g. OT directing OTA, PT directing PTA, etc) as legislated by their respective colleges. However, overall care is directed by a regulated health professional who is competent in burn rehab. 				
Specializa- tion	<ul style="list-style-type: none"> The following members of the core team have experience in burn rehab: 				
	Child Life Specialist (<i>peds only</i>)	Yes	No	N/A	
	Clinical Dietitian	Yes	No		
	Discharge Planner (may be filled by one or more core team members)	Yes	No		
	Nurse	Yes	No		
	Occupational Therapist	Yes	No		
	Physician	Yes	No		
	Physiotherapist	Yes	No		
	Psychosocial services specialized in burn rehab (e.g. through psychologist, social worker, psychiatrist, trained nursing staff)	Yes	No		
	Social Worker	Yes	No		
<ul style="list-style-type: none"> The following competencies are met through the combined skill set of the core team, though an individual team member may or may not possess all of them: 					
Understanding of basic wound care principles	Yes	No			
Ability to monitor skin health, particularly related to grafting	Yes	No			

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Definition			<u>Rating</u> Fully met (80% of time) (✓)	<u>Rating</u> Partially met (40 – 79% of time) (✓)	<u>Rating</u> Not met (< 40% of time) (✓)	If standard not fully met, provide explanation.	
Specializa- tion (cont.)	Understanding of precautions during each phase of wound healing	Yes No					
	Ability to effectively maintain tissue length using scar and contracture management strategies (e.g. ROM, splinting, pressure therapy)	Yes No					
	Understanding of pain medications, types of pain management and ability to liaise with the team re: impact of pain on rehab	Yes No					
	Understanding of the cognitive behavioural management of pain	Yes No					
	Ability to effectively educate the patient on pain management and the relationship between pain management and rehab	Yes No					
	Understanding of how and when to assess for custom pressure garments and other scar management modalities	Yes No					
	Understanding of long term management of burn rehabilitation and prognosis	Yes No					
	Understanding of when/how to liaise or consult with other professionals in regards to burn rehab	Yes No					
	<ul style="list-style-type: none"> Where burn patient volumes are so low that competency cannot be maintained, the interdisciplinary team has regular access to clinical support in decision making from a regional burn centre (e.g. by videoconferencing). 						
	<ul style="list-style-type: none"> The burn team has access to education/training to develop and maintain necessary skills and knowledge base 						
	<ul style="list-style-type: none"> If this program is offered on a mixed unit, the following conditions are met: 						
	Therapists specialized in burn rehab travel to this unit to treat their own patients or consult with the treating therapist as appropriate.	Yes No N/A					
	Burn patients are housed in geographically clustered beds	Yes No N/A					
<ul style="list-style-type: none"> This program has the resources to geographically cluster burn patients 							
<ul style="list-style-type: none"> Where a patient has more than one rehab need (e.g. Burns and Geriatrics, Burns and Mental Health), there is a mechanism in place to cross consult to another rehab service to acquire expertise. 							

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	<ul style="list-style-type: none"> Specifically, a mechanism is in place for cross consultation to another rehab service to acquire expertise in the following groups: 					
	Burns and traumatic brain injury	Yes No				
	Burns and amputees	Yes No				
	Burns and mental health / psychiatric programs / comprehensive psychiatric care	Yes No				
Typical Duration	<ul style="list-style-type: none"> Duration of the program is based on the individual needs of the patient rather than constrained by a maximum duration. 					
Key Activities / Nature of Services	<ul style="list-style-type: none"> This program is a continuation of a program begun during the acute care phase 					
	<ul style="list-style-type: none"> Patients admitted to this program have ongoing, complex rehab and surgical needs and/or infection control issues 					
	<ul style="list-style-type: none"> The burn rehab team addresses the following areas: 					
	Monitoring of depression and coping	Yes No				
	Preparation for self-management of routine burn care/rehab	Yes No				
	Preparation for discharge including: school re-integration, transportation, social supports	Yes No				
	Medium and long term risk of contractures	Yes No				
	Endurance to manage therapy and ADLs/IADLs	Yes No				
	Long term financial management & vocational issues (<i>adults only</i>)	Yes No N/A				
	Other issues as identified by client/family	Yes No				
	<ul style="list-style-type: none"> OT and PT are provided daily 					
	<ul style="list-style-type: none"> OT and PT are able to provide all the following if required by the patient: 					
	ROM	Yes No				
	Modification of splints as required to prevent contractures	Yes No				
Fitting for pressure garments or other scar management modalities to prevent hypertrophic scarring	Yes No					
Assessment of ADL ability	Yes No					
Modification of tasks as needed to maximize independence and prepare for discharge	Yes No					

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Key Activities / Nature of Services (cont.)	Assessment of developmental milestones as needed (<i>peds only</i>)	Yes	No	N/A	
	Ambulation training	Yes	No		
	Strength training to increase muscle mass	Yes	No		
	• Rehab services available include assessment and intervention for:				
	Wound care (led by nursing and medical staff)	Yes	No		
	Management of pruritis (itching)	Yes	No		
	Education on and reinforcement of a routine for splinting,	Yes	No		
	Education re: trauma reaction, body image	Yes	No		
	Linkage of patient to individual support (e.g. trained burn survivor who acts as a peer support)	Yes	No		
	And/or				
	Linkage of patient to group support (e.g. burn summer camp for school aged children; Phoenix Society)				
	Psychosocial support (e.g. social work, psychology) to deal with trauma, anxiety, depression, grief, guilt, insomnia	Yes	No		
	Assessment of cognition, for those who are at risk (e.g. electrical injury, concomitant brain injury, pre-morbid condition)	Yes	No		
	Family counselling, as needed, by social work or psychology	Yes	No		
	Nutrition, by use of calorimetry to determine energy requirements and appropriate method of feeding based on severity of injury	Yes	No		
	• Implementation of therapeutic goals occurs throughout the day as part of regular nursing care	Yes	No		
• Where available, school-aged patients attend school in hospital (<i>peds only</i>)	Yes	No	N/A		
• Upon the patient's discharge, a mechanism is in place for consultation with the receiving facility/staff members as needed from a Regional Burn Centre	Yes	No			
• Comprehensive discharge planning is provided which includes:					
Determination of safety at home	Yes	No			

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Key Activities/ Nature of Services (cont.)	Home visit to assess the need for home modifications	Yes No			
	Referrals to appropriate outpatient rehabilitation programs	Yes No			
	School re-entry program (<i>peds only</i>)	Yes No N/A			
	Minimum of 1-2 pre-discharge weekend passes for both pediatric and adult populations	Yes No			
	<ul style="list-style-type: none"> Patients are referred to an interprofessional outpatient rehab program (rather than single service) when two or more of the following modalities are needed for more than two weeks at a time: (a) nursing; (b) pain management; (c) pressure therapy; (d) splinting; (e) skin care; (f) social support (psych/counselling); (g) PT/OT to maximize function; (h) ongoing counselling and education specific to burn care. 				
	<ul style="list-style-type: none"> A discharge plan is discussed within 14 days of admission including discussion of an estimated discharge date and a provisional discharge destination. 				

Based on the above definitions, would you classify your program as a Burn Rehab Program on a Mixed or Dedicated Rehab Unit?

Yes No

Comments, including self-identified areas for improvement

Thank you for taking the time to complete the Inpatient Rehab Self Assessment Survey for Burn Rehab.